IN THE UNITED STATES BANKRUPTCY COURT FOR THE MIDDLE DISTRICT OF ALABAMA NORTHERN DIVISION

IN RE:) CHAPTER 13
CLEVELAND D. BOLER, III) CASE NO. 06-30049
EVELYN D. BOLER)

APPELLEE'S DESIGNATION OF ADDITIONAL ITEMS

Comes now the Appellees, Cleveland D. Boler, III And Evelyn D. Boler, debtors in the above referenced case and hereby designate the following additional documents as part of the record on appeal pursuant to Bankruptcy Rule 8006:

- 1. The Debtor's Claims Register.
- 2. Claim No. 10 of Baldwin County DHR Child Support Division and attached payment summary filed on February 24th, 2006 in the amount of \$9,110.41.
- 3. Any and all records previously designated by the Appellant and the Chapter 13 Trustee Appellee.

Respectfully submitted this day: May 17, 2006.

/s/ Vonda S. McLeod Attorney for Debtors-Appellee vmcleod@samvpc.com VONDA S. MCLEOD (MCL032)

Of Counsel: Shinbaum, Abell, McLeod & Vann, P.C. Post Office Box 201

Montgomery, AL 36101

(334) 269-4440

CERTIFICATE OF SERVICE

I hereby certify that I have served a copy of the above on all parties listed below by CMECF or by mailing a copy of same to them on this day: May 17, 2006.

Curtis C. Reding Chapter 13 Trustee Post Office Box 173 Montgomery, AL 36101

Cleveland D. & Evelyn D. Boler 2242 Hwy. 31 N. Deatsville, AL 36022

Richard G. Moxley, III Attorney for Creditor Appellant P.O. Box 4953 556 South Perry Montgomery, AL 36103

Teresa Jacobs Bankruptcy Administrator One Church Street Montgomery, AL 36104

/s/ Vonda S. McLeod

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Middle District of Alabama Claims Register

06-30049 Cleveland D. Boler and Evelyn D. Boler

Judge Dwight H. Williams, Jr.
Debtor Name: BOLER, CLEVELAND D

	Debtor Name. BOLEN, CLEVELAND D.	
Claim No: <u>1</u>	Creditor Name: Worldwide Financial Capital Bank c/o Weinstein & Riley, P.S. 2101 Fourth Ave., Suite 900 Seattle, WA, 98121	Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status: Late: N
Claim Date: 01/25/2006	Amends Claim No: Amended By Claim No:	Duplicates Claim No: Duplicated By Claim No:
Class	Amount Claimed	Amount Allowed
Unsecured	\$233.37	
Total	\$233.37	
Description:		
Remarks: (n/a)		
Claim No: 2	Creditor Name: World Financial Network National Bank Lane Bryant Mail Order c/o Weinstein & Riley, P.S. 2101 Fourth Ave., Suite 900 Seattle, WA, 98121	Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status: Late: N
Claim Date: 01/25/2006	Amends Claim No: Amended By Claim No:	Duplicates Claim No: Duplicated By Claim No:
Class	Amount Claimed	Amount Allowed
Unsecured	\$152.38	
Total	\$152.38	
Description:		
Remarks: (n/a)		
Claim No: 3	Creditor Name: CAPITAL ONE BANK C/O TSYS DEBT MGMT PO BOX 5155 NORCROSS, GA 30091	Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status: Late: N
Claim Date: 01/26/2006	Amends Claim No: Amended By Claim No:	Duplicates Claim No: Duplicated By Claim No:
Class	Amount Claimed	Amount Allowed
Unsecured	\$1025.15	
Total	\$1025.15	
Description:		
Remarks:		
Claim No: 4	Creditor Name: CAPITAL ONE BANK C/O TSYS DEBT MGMT PO BOX 5155 NORCROSS, GA 30091	Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status: Late: N
Claim Date: 01/26/2006	Amends Claim No: Amended By Claim No:	Duplicates Claim No: Duplicated By Claim No:
Class	Amount Claimed	Amount Allowed
Unsecured	\$3028.40	
Total	\$3028.40	
Description:		
Remarks:		
Claim No: 5	Creditor Name: CAPITAL ONE BANK C/O TSYS DEBT MGMT PO BOX 5155 NORCROSS, GA 30091	Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status: Late: N
Claim Date: 01/26/2006	Amends Claim No: Amended By Claim No:	Duplicates Claim No: Duplicated By Claim No:

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Unsecured	Amount Claimed	Amount Allowed
Unsecured	\$1212.74	
Total	\$1212.74	
escription:		
emarks:		
		I D C FI GL: 05/21/2006
	Creditor Name: Chevron Credit Bank NA PO Box 5010/Section 230	Last Date to File Claims: 05/31/2006 Last Date to File (Govt):
Claim No: <u>6</u> supporting doc	Concord	Filing Status:
supporting doc	CA 94524-0010	Docket Status: Late: N
	Amends Claim No:	Duplicates Claim No:
Claim Date: 01/27/2006	Amended By Claim No:	Duplicated By Claim No:
Class	Amount Claimed	Amount Allowed
Unsecured	\$1082.69	
Total	\$1082.69	
escription:		·
emarks:		
		Last Date to File Claims: 05/31/2006
Claim No. 7	Creditor Name: GUARDIAN CREDIT UNION	Last Date to File (Govt):
Claim No: 7	1732 CONG WL DICKINSON DR Montgomery, AL 36109	Filing Status: Docket Status:
		Late: N
Claim Date: 02/15/2006	Amends Claim No: Amended By Claim No:	Duplicates Claim No: Duplicated By Claim No:
Class	Amount Claimed	Amount Allowed
Secured	\$16560.12	Amount Anoveu
Total	\$16560.12	
escription: 2005 Ford Escape	\$10500.12	
emarks: Payments to:P.O. Bxo 3	100.16	
Claim No: 8	Creditor Name: GUARDIAN CREDIT UNION 1732 CONG WL DICKINSON DR Montgomery, AL 36109	Last Date to File (Govt): Filing Status: Docket Status:
		Late: N
Claim Date: 02/15/2006	Amends Claim No: Amended By Claim No:	Duplicates Claim No:
Claim Date: 02/15/2006	Amends Claim No: Amended By Claim No: Amount Claimed	
Class	Amended By Claim No: Amount Claimed	Duplicates Claim No: Duplicated By Claim No:
Class Secured	Amended By Claim No: Amount Claimed \$29963.61	Duplicates Claim No: Duplicated By Claim No:
Class Secured Total	Amended By Claim No: Amount Claimed	Duplicates Claim No: Duplicated By Claim No:
Class Secured Total rescription: 2004 Ford F150	Amended By Claim No: Amount Claimed \$29963.61 \$29963.61	Duplicates Claim No: Duplicated By Claim No:
Class Secured Total Description: 2004 Ford F150	Amended By Claim No: Amount Claimed \$29963.61 \$29963.61	Duplicates Claim No: Duplicated By Claim No:
Class Secured Total Description: 2004 Ford F150	Amount Claimed \$29963.61 \$29963.61 \$199 Montgomery,AL 36109	Duplicates Claim No: Duplicated By Claim No: Amount Allowed Last Date to File Claims: 05/31/2006
Class Secured Total Description: 2004 Ford F150 Temarks: Payments to:P.O. Box 3	Amount Claimed \$29963.61 \$29963.61 \$199 Montgomery,AL 36109 Creditor Name: GUARDIAN CREDIT UNION	Duplicates Claim No: Duplicated By Claim No: Amount Allowed Last Date to File Claims: 05/31/2006 Last Date to File (Govt):
Class Secured Total escription: 2004 Ford F150	Amount Claimed \$29963.61 \$29963.61 \$199 Montgomery,AL 36109 Creditor Name: GUARDIAN CREDIT UNION 1732 CONG WL DICKINSON DR	Duplicates Claim No: Duplicated By Claim No: Amount Allowed Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status:
Class Secured Total escription: 2004 Ford F150 emarks: Payments to:P.O. Box 3	Amount Claimed \$29963.61 \$29963.61 \$199 Montgomery,AL 36109 Creditor Name: GUARDIAN CREDIT UNION	Duplicates Claim No: Duplicated By Claim No: Amount Allowed Last Date to File Claims: 05/31/2006 Last Date to File (Govt):
Class Secured Total escription: 2004 Ford F150 emarks: Payments to:P.O. Box 3	Amount Claimed \$29963.61 \$29963.61 \$199 Montgomery,AL 36109 Creditor Name: GUARDIAN CREDIT UNION 1732 CONG WL DICKINSON DR Montgomery, AL 36109 Amends Claim No:	Duplicates Claim No: Duplicated By Claim No: Amount Allowed Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status: Late: N Duplicates Claim No:
Class Secured Total lescription: 2004 Ford F150 lemarks: Payments to:P.O. Box 3 Claim No: 9 Claim Date: 02/15/2006	Amount Claimed \$29963.61 \$29963.61 \$29963.61 S199 Montgomery,AL 36109 Creditor Name: GUARDIAN CREDIT UNION 1732 CONG WL DICKINSON DR Montgomery, AL 36109 Amends Claim No: Amended By Claim No:	Duplicates Claim No: Duplicated By Claim No: Amount Allowed Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status: Late: N Duplicates Claim No: Duplicated By Claim No:
Class Secured Total Description: 2004 Ford F150 Demarks: Payments to:P.O. Box 3 Claim No: 9 Claim Date: 02/15/2006 Class	Amended By Claim No: Amount Claimed \$29963.61 \$29963.61 \$199 Montgomery,AL 36109 Creditor Name: GUARDIAN CREDIT UNION 1732 CONG WL DICKINSON DR Montgomery, AL 36109 Amends Claim No: Amended By Claim No: Amount Claimed	Duplicates Claim No: Duplicated By Claim No: Amount Allowed Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status: Late: N Duplicates Claim No:
Class Secured Total escription: 2004 Ford F150 emarks: Payments to:P.O. Box 3 Claim No: 9 Claim Date: 02/15/2006 Class Secured	Amended By Claim No: Amount Claimed \$29963.61 \$29963.61 \$199 Montgomery,AL 36109 Creditor Name: GUARDIAN CREDIT UNION 1732 CONG WL DICKINSON DR Montgomery, AL 36109 Amends Claim No: Amended By Claim No: Amount Claimed \$2326.61	Duplicates Claim No: Duplicated By Claim No: Amount Allowed Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status: Late: N Duplicates Claim No: Duplicated By Claim No:
Class Secured Total Pescription: 2004 Ford F150 Pemarks: Payments to:P.O. Box 3 Claim No: 9 Claim Date: 02/15/2006 Class Secured Total	Amended By Claim No: Sepsended By Claim No: Supplied Sepsended S	Duplicates Claim No: Duplicated By Claim No: Amount Allowed Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status: Late: N Duplicates Claim No: Duplicated By Claim No:
Class Secured Total escription: 2004 Ford F150 emarks: Payments to:P.O. Box 3 Claim No: 9 Claim Date: 02/15/2006 Class Secured Total escription: Cross-Collateralized	Amount Claimed \$29963.61 \$29963.61 \$29963.61 S199 Montgomery,AL 36109 Creditor Name: GUARDIAN CREDIT UNION 1732 CONG WL DICKINSON DR Montgomery, AL 36109 Amends Claim No: Amount Claimed \$2326.61 \$2326.61	Duplicates Claim No: Duplicated By Claim No: Amount Allowed Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status: Late: N Duplicates Claim No: Duplicated By Claim No:
Class Secured Total Description: 2004 Ford F150 Temarks: Payments to:P.O. Box 3 Claim No: 9 Claim Date: 02/15/2006 Class Secured	Amount Claimed \$29963.61 \$29963.61 \$29963.61 S199 Montgomery,AL 36109 Creditor Name: GUARDIAN CREDIT UNION 1732 CONG WL DICKINSON DR Montgomery, AL 36109 Amends Claim No: Amount Claimed \$2326.61 \$2326.61	Duplicates Claim No: Duplicated By Claim No: Amount Allowed Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status: Late: N Duplicates Claim No: Duplicated By Claim No:
Class Secured Total Description: 2004 Ford F150 Demarks: Payments to:P.O. Box 3 Claim No: 9 Claim Date: 02/15/2006 Class Secured Total Description: Cross-Collateralized	Amount Claimed \$29963.61 \$29963.61 \$29963.61 S199 Montgomery,AL 36109 Creditor Name: GUARDIAN CREDIT UNION 1732 CONG WL DICKINSON DR Montgomery, AL 36109 Amends Claim No: Amount Claimed \$2326.61 \$2326.61	Duplicates Claim No: Duplicated By Claim No: Amount Allowed Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status: Late: N Duplicates Claim No: Duplicated By Claim No: Amount Allowed
Class Secured Total Description: 2004 Ford F150 Demarks: Payments to:P.O. Box 3 Claim No: 9 Claim Date: 02/15/2006 Class Secured Total Description: Cross-Collateralized Description: Cross-Collateralized Demarks: Payments to:P.O. Box 3	Amended By Claim No: S29963.61 \$29963.61 S199 Montgomery,AL 36109 Creditor Name: GUARDIAN CREDIT UNION 1732 CONG WL DICKINSON DR Montgomery, AL 36109 Amends Claim No: Amended By Claim No: S2326.61 S2326.61 S2326.61 S2326.61 Creditor Name: BALDWIN COUNTY DHR	Duplicates Claim No: Duplicated By Claim No: Amount Allowed Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status: Late: N Duplicates Claim No: Duplicated By Claim No: Amount Allowed
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Class Secured Total Description: 2004 Ford F150 Demarks: Payments to:P.O. Box 3 Claim No: 9 Claim Date: 02/15/2006 Class Secured Total Description: Cross-Collateralized Description: Cross-Collateralized Demarks: Payments to:P.O. Box 3	Amended By Claim No: S29963.61 \$29963.61 S199 Montgomery,AL 36109 Creditor Name: GUARDIAN CREDIT UNION 1732 CONG WL DICKINSON DR Montgomery, AL 36109 Amends Claim No: Amended By Claim No: S2326.61 S2326.61 S2326.61 S2326.61 Creditor Name: BALDWIN COUNTY DHR	Duplicates Claim No: Duplicated By Claim No: Amount Allowed Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status: Late: N Duplicates Claim No: Duplicated By Claim No: Amount Allowed Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status:
Class Secured Total Description: 2004 Ford F150 Demarks: Payments to:P.O. Box 3 Claim No: 9 Claim Date: 02/15/2006 Class Secured Total Description: Cross-Collateralized Demarks: Payments to:P.O. Box 3 Claim No: 10 Description summary	Amended By Claim No: S29963.61 S199 Montgomery,AL 36109 Creditor Name: GUARDIAN CREDIT UNION 1732 CONG WL DICKINSON DR Montgomery, AL 36109 Amends Claim No: Amended By Claim No: S2326.61 S2326.61 S2326.61 S2326.61 Creditor Name: BALDWIN COUNTY DHR CHILD SUPPORT DIVISION 101 COURTHOUSE SQUARE Bay Minette, AL 36507	Duplicates Claim No: Duplicated By Claim No: Amount Allowed Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status: Late: N Duplicates Claim No: Duplicated By Claim No: Amount Allowed Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status: Late: N
Class Secured Total Description: 2004 Ford F150 Demarks: Payments to:P.O. Box 3 Claim No: 9 Claim Date: 02/15/2006 Class Secured Total Description: Cross-Collateralized Demarks: Payments to:P.O. Box 3	Amount Claimed \$29963.61 \$29963.61 \$29963.61 \$29963.61 S199 Montgomery,AL 36109 Creditor Name: GUARDIAN CREDIT UNION 1732 CONG WL DICKINSON DR Montgomery, AL 36109 Amends Claim No: Amended By Claim No: S2326.61 \$2326.61 \$2326.61 \$12005 Ford Escape S199 Montgomery,AL 36109 Creditor Name: BALDWIN COUNTY DHR CHILD SUPPORT DIVISION 101 COURTHOUSE SQUARE	Duplicates Claim No: Duplicated By Claim No: Amount Allowed Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status: Late: N Duplicates Claim No: Duplicated By Claim No: Amount Allowed Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status:

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Priority	\$9110.41	
Total	\$9110.41	
Description: Child Support Arrea	rage	1
Remarks:		
		Last Date to File Claims: 05/31/2006
	Creditor Name: Spiller Associated Furniture Stores	Last Date to File (Govt):
Claim No: 11	PO Box 020824	Filing Status:
	Tuscaloosa, Al. 35402-0824	Docket Status:
		Late: N
Claim Date: 03/10/2006	Amends Claim No: Amended By Claim No:	Duplicates Claim No: Duplicated By Claim No:
Class	Amount Claimed	Amount Allowed
Secured	\$1387.02	- Invalit invita
Total	\$1387.02	
	\$1307.02	
Description:		
Pemarks:		
		Last Date to File Claims: 05/31/2006
Claim No: 12	Creditor Name: Emerge MasterCard POB 23051	Last Date to File (Govt):
Ciaini No. 12	Columbus Ga 31902-3051	Filing Status: Docket Status:
		Late: N
Claim Date: 03/15/2006	Amends Claim No:	Duplicates Claim No:
Ciaim Date: 05/15/2000	Amended By Claim No:	Duplicated By Claim No:
Class	Amount Claimed	Amount Allowed
Unsecured	\$4542.18	
Total	\$4542.18	
Description: unpaid credit card ba	lance	1
Remarks:		
		Land Date to File Chairman 05/01/2006
	Creditor Name: Fingerhut Credit Advantage	Last Date to File Claims: 05/31/2006 Last Date to File (Govt):
Claim No: 13	POB 23051	Filing Status:
-	Columbus Ga 31902-3051	Docket Status:
		Late: N
Claim Date: 03/15/2006	Amends Claim No:	Duplicates Claim No:
	Amended By Claim No:	Duplicated By Claim No:
Class	Amount Claimed	Amount Allowed
Unsecured	\$228.57	Amount Allowed
		Amount Allowed
Unsecured Total	\$228.57 \$228.57	Amount Allowed
Unsecured	\$228.57 \$228.57	Amount Allowed
Unsecured Total Description: unpaid credit card ba	\$228.57 \$228.57	Amount Allowed
Unsecured Total Description: unpaid credit card ba	\$228.57 \$228.57	Last Date to File Claims: 05/31/2006
Unsecured Total Description: unpaid credit card batemarks:	\$228.57 \$228.57 lance Creditor Name: Aspire Visa	Last Date to File Claims: 05/31/2006 Last Date to File (Govt):
Unsecured Total Description: unpaid credit card ba	\$228.57 \$228.57 lance Creditor Name: Aspire Visa POB 23051	Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status:
Unsecured Total Description: unpaid credit card batemarks:	\$228.57 \$228.57 lance Creditor Name: Aspire Visa	Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status:
Unsecured Total Description: unpaid credit card bathering the second	\$228.57 \$228.57 lance Creditor Name: Aspire Visa POB 23051 Columbus Ga 31902-3051	Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status: Late: N
Unsecured Total Description: unpaid credit card batemarks:	\$228.57 \$228.57 lance Creditor Name: Aspire Visa POB 23051	Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status:
Unsecured Total Description: unpaid credit card bathering the second	\$228.57 \$228.57 lance Creditor Name: Aspire Visa POB 23051 Columbus Ga 31902-3051 Amends Claim No:	Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status: Late: N Duplicates Claim No:
Unsecured Total Description: unpaid credit card be temarks: Claim No: 14 Claim Date: 03/15/2006 Class	\$228.57 \$228.57 lance Creditor Name: Aspire Visa POB 23051 Columbus Ga 31902-3051 Amends Claim No: Amended By Claim No: Amount Claimed	Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status: Late: N Duplicates Claim No: Duplicated By Claim No:
Unsecured Total Description: unpaid credit card be temarks: Claim No: 14 Claim Date: 03/15/2006 Class Unsecured	\$228.57 \$228.57 lance Creditor Name: Aspire Visa POB 23051 Columbus Ga 31902-3051 Amends Claim No: Amended By Claim No: Amount Claimed \$6926.67	Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status: Late: N Duplicates Claim No: Duplicated By Claim No:
Unsecured Total Description: unpaid credit card be stemarks: Claim No: 14 Claim Date: 03/15/2006 Class Unsecured Total	\$228.57 \$228.57 lance Creditor Name: Aspire Visa POB 23051 Columbus Ga 31902-3051 Amends Claim No: Amended By Claim No: Amount Claimed \$6926.67 \$6926.67	Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status: Late: N Duplicates Claim No: Duplicated By Claim No:
Unsecured Total Description: unpaid credit card be demarks: Claim No: 14 Claim Date: 03/15/2006 Class Unsecured Total Description: unpaid credit card be description:	\$228.57 \$228.57 lance Creditor Name: Aspire Visa POB 23051 Columbus Ga 31902-3051 Amends Claim No: Amended By Claim No: Amount Claimed \$6926.67 \$6926.67	Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status: Late: N Duplicates Claim No: Duplicated By Claim No:
Unsecured Total Description: unpaid credit card be temarks: Claim No: 14 Claim Date: 03/15/2006 Class Unsecured	\$228.57 \$228.57 lance Creditor Name: Aspire Visa POB 23051 Columbus Ga 31902-3051 Amends Claim No: Amended By Claim No: Amount Claimed \$6926.67 \$6926.67	Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status: Late: N Duplicates Claim No: Duplicated By Claim No:
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Unsecured Total Description: unpaid credit card bath and the seemarks: Claim No: 14 Claim Date: 03/15/2006 Class Unsecured Total Description: unpaid credit card bath and the seemarks:	\$228.57 \$228.57 lance Creditor Name: Aspire Visa POB 23051 Columbus Ga 31902-3051 Amends Claim No: Amended By Claim No: Amount Claimed \$6926.67 \$6926.67 lance Creditor Name: Fingerhut Direct Marketing, Inc./CIT Bank	Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status: Late: N Duplicates Claim No: Duplicated By Claim No: Amount Allowed Last Date to File Claims: 05/31/2006 Last Date to File (Govt):
Unsecured Total Description: unpaid credit card be Demarks: Claim No: 14 Claim Date: 03/15/2006 Class Unsecured Total Description: unpaid credit card be	\$228.57 \$228.57 lance Creditor Name: Aspire Visa POB 23051 Columbus Ga 31902-3051 Amends Claim No: Amended By Claim No: Amount Claimed \$6926.67 \$6926.67 lance Creditor Name: Fingerhut Direct Marketing, Inc./CIT Bank 6250 Ridgewood Road	Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status: Late: N Duplicates Claim No: Duplicated By Claim No: Amount Allowed Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status:
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Unsecured Total Description: unpaid credit card bate the term of	\$228.57 \$228.57 lance Creditor Name: Aspire Visa POB 23051 Columbus Ga 31902-3051 Amends Claim No: Amended By Claim No: Sepecial Septimbrical Sepecial Sepecial Septimbrical Septi	Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status: Late: N Duplicates Claim No: Duplicated By Claim No: Amount Allowed Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status: Late: N
Unsecured Total Description: unpaid credit card bath and the seemarks: Claim No: 14 Claim Date: 03/15/2006 Class Unsecured Total Description: unpaid credit card bath and the seemarks:	\$228.57 \$228.57 lance Creditor Name: Aspire Visa POB 23051 Columbus Ga 31902-3051 Amends Claim No: Amended By Claim No: Amount Claimed \$6926.67 \$6926.67 lance Creditor Name: Fingerhut Direct Marketing, Inc./CIT Bank 6250 Ridgewood Road	Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status: Late: N Duplicates Claim No: Duplicated By Claim No: Amount Allowed Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status:
Unsecured Total Description: unpaid credit card bate the term of	\$228.57 \$228.57 lance Creditor Name: Aspire Visa POB 23051 Columbus Ga 31902-3051 Amends Claim No: Amended By Claim No: \$6926.67 \$6926.67 \$6926.67 lance Creditor Name: Fingerhut Direct Marketing, Inc./CIT Bank 6250 Ridgewood Road St. Cloud, MN 56303 Amends Claim No:	Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status: Late: N Duplicated By Claim No: Duplicated By Claim No: Amount Allowed Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status: Late: N Duplicates Claim No:

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Total	\$806.91	
escription: 6276-4510-0193-7084		ı
emarks:		
Claim No: 16	Creditor Name: eCAST Settlement Corporation assignee of HSBC Bank Nevada NA / HSBC Card Services III POB 35480 Newark NJ 07193-5480	Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status: Late: N
Claim Date: 03/28/2006	Amends Claim No: Amended By Claim No:	Duplicates Claim No: Duplicated By Claim No:
Class	Amount Claimed	Amount Allowed
Unsecured	\$717.54	
Total	\$717.54	
Description:		
Remarks:		
Claim No: <u>17</u>	Creditor Name: eCAST Settlement Corporation assignee of HSBC Bank Nevada NA / HSBC Card Services III POB 35480 Newark NJ 07193-5480	Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status: Late: N
Claim Date: 03/28/2006	Amends Claim No: Amended By Claim No:	Duplicates Claim No: Duplicated By Claim No:
Class	Amount Claimed	Amount Allowed
Unsecured	\$479.54	
Total	\$479.54	
Description:		·
Remarks:		
Claim No: <u>18</u>	Creditor Name: eCAST Settlement Corporation assignee of HSBC Bank Nevada NA / HSBC Card Services III POB 35480 Newark NJ 07193-5480	Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status: Late: N
Claim Date: 03/28/2006	Amends Claim No: Amended By Claim No:	Duplicates Claim No: Duplicated By Claim No:
Class	Amount Claimed	Amount Allowed
Unsecured	\$487.72	
Total	\$487.72	
Description:		
Remarks:		
Claim No: 19	Creditor Name: PREMIER BANKCARD/CHARTER P.O. BOX 2208 VACAVILLE, CA. 95696	Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status: Late: N
Claim Date: 03/28/2006	Amends Claim No: Amended By Claim No:	Duplicates Claim No: Duplicated By Claim No:
Class	Amount Claimed	Amount Allowed
Unsecured	\$421.54	
Total	\$421.54	
Description: MONEY LOANED-C	REDIT CARD	
Remarks: PREMIER BANKCARD/	MASTERCARD-1	
Claim No: 20	Creditor Name: PREMIER BANKCARD/CHARTER P.O. BOX 2208 VACAVILLE, CA. 95696	Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status: Late: N
Claim Date: 03/28/2006	Amends Claim No: Amended By Claim No:	Duplicates Claim No: Duplicated By Claim No:
Class	Amount Claimed	Amount Allowed
Unsecured	\$349.46	

Case 2:06-cv-00473-WKW

Document 4

Filed 05/25/2006

Page 7 of 10

	D/MASTERCARD-2					
narks. I KENIEK Brittkerti	DIWING LEVEL INC.					
Claim No: 21	Creditor Name: PREMIER BANKCARD/CHARTER P.O. BOX 2208 VACAVILLE, CA. 95696	Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status: Late: N				
Claim Date: 03/28/2006	Amends Claim No: Amended By Claim No:	Duplicates Claim No: Duplicated By Claim No:				
Class	Amount Claimed	Amount Allowed				
Unsecured	\$380.42					
Total	\$380.42					
Description: MONEY LOANED	-CREDIT CARD					
emarks: PREMIER BANKCAF	D/MASTERCARD					
Claim No: <u>22</u>	Creditor Name: B-Line, LLC/Applied Card Bank (fka Cross Country B Mail Stop 550 2101 Fourth Ave., Suite 1030 Seattle, WA, 98121	Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status: Late: N				
Claim Date: 04/06/2006	Amends Claim No: Amended By Claim No:	Duplicates Claim No: Duplicated By Claim No:				
Class	Amount Claimed	Amount Allowed				
Unsecured	\$1189.95					
Total	\$1189.95					
Description:		-				
Pemarks: (n/a)						
Claim No: 23	Creditor Name: GUARDIAN CREDIT UNION 1732 CONG WL DICKINSON DR Montgomery, AL 36109	Last Date to File Claims: 05/31/2006 Last Date to File (Govt): Filing Status: Docket Status: Late: N				
	Claim Data: 05/08/2006 Amends Claim No: Duplicates Claim No:					
Claim Date: 05/08/2006	Amended By Claim No:	Duplicated By Claim No:				
Claim Date: 05/08/2006						
	Amended By Claim No:	Duplicated By Claim No:				

Claims Register Summary

Case Name: Cleveland D. Boler and Evelyn D. Boler

Case Number: 2006-30049

Chapter: 13

Date Filed: 01/18/2006 **Total Number Of Claims:** 23

	Total Amount Claimed	Total Amount Allowed
Unsecured	\$23265.23	
Secured	\$59644.99	
Priority	\$9110.41	
Unknown		
Administrative		
Total	\$92020.63	

PACER Service Center	
Transaction Receipt	
05/17/2006 09:46:04	

Case 2:06-cv-00473-WKW

Document 4

Filed 05/25/2006 Page 8 of 10

PACER Login:	sa0360	Client Code:	
Description:	Claims Register	Search Criteria:	06-30049 Filed or Entered From: 1/1/1985 Filed or Entered To: 5/17/2006
Billable Pages:	2	Cost:	0.16

LIMITED CTA				
<pre><#1 DI C40></pre>	AFBSBANKRUPYPQY4TOHNKW Docu	ımeı	nt 4 Filed 05/25/2006	PARROOF OF CLAIM
Name of Debtor	:	Case	e Number	
<#85 DL c70>			cn c11>	
<#101 JL c70>		""		
(110132070)				
NOTE: T	his form should not be used to make a claim for	an ad	lministrative expense arising after	
	ment of the case. A "request" for payment of	an ad	ministrative expense may be filed	
pursuant to 11				
	or (The person or other entity to whom the debtor		Check box if you are aware that	
owes money or			anyone else has filed a proof of	
RecipAddr1 replace	cement		claim relating to your claim. Attach	<#3 cn c11>
			copy of statement giving particulars.	
Name and Addr	ess where notices should be sent:		Check box if you have never	
RecipAddr1 replace	coment		received any notices from the	
RecipAddr2 replace			bankruptcy court in this case.	123456
RecipAddr3 replace			Check box if the address differs	
RecipAddr4 replace			from the address on the envelope	
RecipAddr5 replace			sent to you by the court.	
RecipAddr6 replace	cement			
Talambana Num	hom.			THIS SPACE IS FOR COURT USE ONLY
Telephone Num		Cha	olr home if	
	s of account or other number by which creditor		ck here if replaces claim amends a previously	filed claim, dated:
identifies debtor	r:	uns	ciaiii aineius a pieviousiy	med ciami, dated
1. Basis for Cl	aim			
☐ Goods sold			Retiree benefits as defined in 11 U.S.C	
☐ Services pe			Wages, salaries, and compensation (fil	l out below)
☐ Money loa:		I	Last four digits of SS your #:	
	jury/wrongful death	Ţ	Unpaid compensation for services per	formed
☐ Taxes		f	from to	
☐ Other			(date) (date)	
2. Date debt wa	as incurred:	3. If	f court judgment, date obtained:	
	n of Claim. Check the appropriate box or boxes that	it best	describe your claim and state the amo	ount of the claim at the time case
filed. See revers	se side for important explanations.			
Unsecured Non	npriority Claim \$		Secured Claim	
	this box if: a) there is no collateral or lien securing	r	☐ Check this box if your claim is s	ecured by collateral
vour claim or b) your claim exceeds the value of the property securing	, :		course of condition
Jour Claim, or o		rıno	(incliiding a right of setoff)	
		ring	(including a right of setoff).	
	or only part of your claim is entitled to priority.	ring		
it, or if c) none	or only part of your claim is entitled to priority.	ring	Brief Description of Collateral:	le □ Other
	or only part of your claim is entitled to priority.	ring 		le 🗆 Other
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STATE OF ALABAMA CHILD SUPPORT ENFORCEMENT DIVISION COURT ORDER PAYMENT SUMMARY

02/24/06

CP NAME: ANGELA J. BOLER CP ID:

P0001471390

NCP ID:

PER

PER

NCP NAME: CLEVELAND D. BOLER, III

P0001534778

COURT ORDER NUMBER: DHR FILE NUMBER:

02DR01000545 02-30625

CASE ID:

0493221

SUPPORT TYPES AND TERMS	
CHILD SUPPORT	\$375.

RETROACTIVE CHILD SUPPORT MEDICAL SUPPORT MEDICAL REIMBURSEMENT SPOUSAL SUPPORT FEES

EFFECTIVE DATE: May 1, 2003 BALANCES BY ACCOUNT TYPE:

CP INT 2,326.49 CS NA AR 6,783.92 CURRENT ARREARS BALANCES INTEREST PER PER MONTH \$6,783.92 STATE

PER PER PER PER

PER

\$2,326.49

CP

MEDICAID

TOTAL AMOUNT DUE FOR THIS COURT ORDER: \$9,110.41

PAYME	NT RECEIVE	D	PAY	ACCOUNT	POSTED	ACCOUNT P	OSTED	ACCOUNT I	POSTED	ACCOUNT I	POSTED
DATE	TOTAL	ORDER	CODE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT	TYPE	AMOUNT	TYPE
02/17/2006	230.77	230.77	IW	144.23	CS NA CU	86.54	CS NA AR				
02/03/2006	230.77	230.77	IW	230.77	CS NA CU						
01/20/2006	230.77	230.77	IW	175.00	CS NA CU	55.77	CS NA AR				
01/13/2006	200.00	200.00	RP	200.00	CS NA CU						
12/16/2005	100.00	100.00	RP	100.00	CS NA CU						
10/18/2005	100.00	100.00	RP	100.00	CS NA CU						

GI - Gift OS - Other State Income Withholding SJ - State Joint

FJ - Federal Joint Tax Offset IF - IRS Full Collection

OT - Other State, State Offset Single SS - State Single

BN - Bond

TF - Trust Fund

FM - Financial Management IW - Income/Wage Withholding RP - Regular Pay

CC - Court Cost Fee FS - Federal Single LI - Lien

SA - State Adjustment UC - Unemployment Compensation FA - Federal Adjustment GA - Gamishments MA - Military Allotment SE - State Single Fee

FE - Federal Single Fee GF - Genetic Fee

OJ - Other State, State Offset Joint SF - State Joint Fee